PATENT APPLICATION DOCKET NO. 1498.1021-015

IFY

## NOV 1 9 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Horace W. Furumoto

Application No.:

Ovember 12, 2004

10/631,213

Group:

3739 .

Filed:

July 31, 2003

Examiner:

Farah, Ahmed M.

Confirmation No.:

1428

For:

LASER SYSTEM AND METHOD FOR TREATMENT OF

**BIOLOGIC TARGETS** 

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

11 16 2004

Signature

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

**MINUS** 

**MINUS** 

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(COL. 1)

REMAINING

AFTER AMENDMENT

22

2

(COL. 2)

HIGHEST NO.

**PREVIOUSLY** 

PAID FOR

22

3

(COL. 3)

**PRESENT** 

**EXTRA** 

0

0

SMALL	ENT	ITY
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R.	ATE	ADDIT. FEE
х	\$ 9	\$
х	\$44	\$
+	\$150	\$

SMALL ENTITY

<u>OR</u>

R	ATE	ADDIT. FEE
х	\$18	\$
х	\$88	\$
+	\$300	\$

OTHER THAN

not fewer than 20

\*\* not fewer than 3

TOTAL

INDEP

Please charge Deposit Account No. 08-0380 for the following fees:

[]	Petition for [ ] month Extension of Time	\$_	
[]	Amendment Fee	\$	
[ ]	Other Fees:		
		\$_	
		\$_	
	TOTAL:	\$_	0
A check is	enclosed in payment of the following fees:		
[X]	Petition for three month Extension of Time	\$_	980
[ ]	Amendment Fee	\$_	
[X]	Other Fees:		
	Terminal Disclaimer Fee	\$_	110
		\$	
	TOTAL:	\$_	1090
for ar	neral authorization is hereby granted to charge Deposit Account No. by fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pupplication. A copy of this authorization is enclosed for accounting pupplication. Respectfully submitted,  HAMILTON, BROOK, SMITH & REYNO	ender	ncy of ses.
	By Chy Kevin T. Shaughnessy Registration No.: 51,014 Telephone (978) 341-0036 Facsimile (978) 341-0136		

Concord, Massachusetts 01742-9133 Dated: [ | //b/v~